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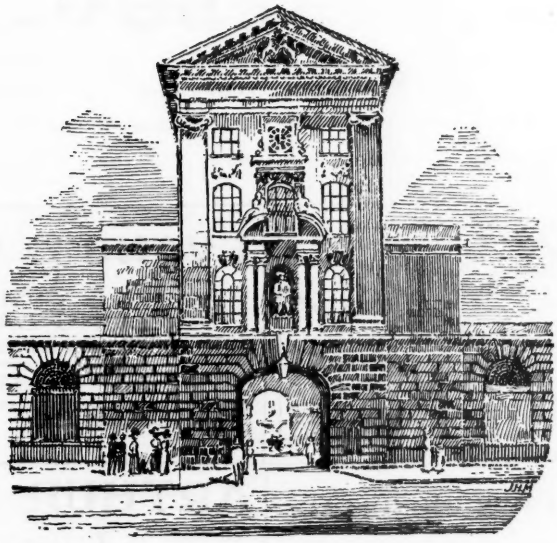
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

JOURNAL.

VOL. XXXIX.—No. 3.] DECEMBER 1ST, 1931. PRICE NINEPENCE.

CALENDAR.

Tues., Dec. 1.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., ,, 2.—Surgery: Clinical Lecture by Sir Charles Gordon-Watson.
Thurs., ,, 3.—**Abernethian Society: Address by Dr. Crichton-Miller, "Social Evolution and Birth Control."**
Fri., ,, 4.—Dr. Gow and Mr. Girling Ball on duty.
Sat., ,, 5.—Rugby Match *v.* Northampton. Home.
Hockey Match *v.* Surbiton 2nd. Away.
Mon., ,, 7.—Special Subject: Clinical Lecture by Mr. Just.
Tues., ,, 8.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 9.—Rugby Match *v.* R.M.A. (Woolwich). Home.
Fri., ,, 11.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Sat., ,, 12.—Rugby Match *v.* Old Cranleighans. Away.
Hockey Match *v.* R.N. College. Away.
Tues., ,, 15.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Fri., ,, 18.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Sat., ,, 19.—**Last day for receiving matter for the January issue of the Journal.**
Rugby Match *v.* Old Paulines. Home.
Hockey Match *v.* Old Felstedians. Away.
Tues., ,, 22.—Dr. Gow and Mr. Girling Ball on duty.
Fri., ,, 25.—**Christmas Day.**
Prof. Fraser and Prof. Gask on duty.
Tues., ,, 29.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

EDITORIAL.

WE deeply regret to announce the sudden death of Mr. Herbert Bloye, O.B.E., who was so well known to us as Secretary of the Contribution Department, and who has done so much for St. Bartholomew's Hospital. Mr. Bloye was cycling home from Worthing Station when he was involved in a collision with a car. He sustained a fracture of the skull and died without recovering consciousness. A Memorial Service is to be held in the Church of St. Bartholomew the Less on Thursday, December 3rd, 1931, at 11 a.m.

Sir Gordon Huntly Campbell, K.B.E., Chairman of the Appeals Committee, writes:

"The tragic death of Herbert Bloye has come as a terrible blow to all who knew him, and especially to me, since I have been in touch with him constantly for the last sixteen years. It is difficult to put into words one's feelings of sincere appreciation of one who was not only a wonderful worker and assistant, but also a delightful companion.

"In 1915 Herbert Bloye was selected, out of four hundred applicants to be Secretary to the Meat and Allied Trades Red Cross Fund, and a better choice could not have been made. He worked with me for two years, and in that time we collected £270,000 from the Trade. In 1917 we transferred our work to the Headquarters of the Red Cross Society, where he was my secretary until the middle of 1919. His work was highly appreciated by everyone connected with the Red Cross, and during those years I could not have had a more loyal friend and helper.

"In 1921 I suggested that he should be secretary of the Contribution Department, which post he accepted, and since that date we worked very closely together. The various methods of raising funds, which he introduced, resulted in a material increase in the regular income of the Hospital. In all the work he undertook to do it was a real pleasure and delight to be associated with him. His loss is irreparable to me, and it is difficult to realise how his place can be filled."

* * *

THE CHRISTMAS ENTERTAINMENT.

We are informed that the Treasurer and Almoners have reluctantly decided that, in view of the necessity for economy in all directions, they are unable to undertake the somewhat heavy expenditure of a Christmas Entertainment, and so the usual performance given by the Dramatic Society in the Great Hall in January will not take place next year. We can only hope that the Christmas Shows will compensate us for this disappointment by rising far above their usual brilliance.

* * *

The October issue of the JOURNAL saw the end of Dr. A. W. Franklin's term of office as Editor. He has left his successors a high standard to maintain, for his literary gifts enabled him to occupy the Editorial Chair with exceptional ability. The following is a list, alphabetically arranged, of the names of the editors of the Journal since its beginning in 1893: A. Abrahams,

F. A. Bainbridge, B. Biggar, R. Bolton, W. M. Borcherds, P. Bousfield, W. Langdon Brown, F. G. Chandler, R. C. Elmslie, A. W. Franklin, A. H. Hogarth, T. J. Horder, N. G. Horner, D. V. Hubble, H. B. Meakin, A. A. Miles, J. A. Nixon, K. Pretty, R. B. Price, H. Pritchard, F. C. Roles, H. L. Sackett, A. F. Sladden, A. B. Pavey Smith, E. Talbot, J. S. White.

* * *

ABERNETHIAN SOCIETY.

An address will be delivered to the Abernethian Society by Dr. Crichton Miller on December 3rd in the Medical and Surgical Theatre at 8.30 p.m. His subject will be "Social Evolution and Birth Control." Everyone knows Dr. Crichton Miller by repute, and many of us have already heard him lecture and have read his writings. A large audience is therefore to be expected.

* * *

We congratulate Dr. H. F. Brewer, our Senior Demonstrator of Pathology, on his appointment to be Medical Officer to the Blood Transfusion Service organized by the Red Cross. This appointment was made by the Medical Research Council and by the British Red Cross Society in view of the increasing importance of blood transfusion. His work will consist of research on blood grouping and on the effects of blood transfusion on the donors, as well as the examination of the blood of volunteers entering the Blood Transfusion Service.

* * *

Dr. Geoffrey Bourne has been appointed examiner to the University of Cambridge (3rd M.B., Part II) in the subjects of pharmacology, therapeutics and toxicology. We heartily congratulate him upon this distinction.

* * *

Congratulations to W. M. Capper, R. Mundy, J. G. Nel and J. T. C. Taylor on being chosen to play for the United Hospitals Rugby Football Club against Edinburgh University.

* * *

We are asked to announce that the twelfth of a series of dances in aid of the Royal Medical Benevolent Guild is being organized by St. Bartholomew's Hospital, and will be held in the Great Hall of the British Medical Association, Tavistock Square, on Friday, December 11th, at 8.30 p.m. These dances are arranged by the larger London hospitals in rotation, and this one is our show. Mrs. Rawling and her committee are confidently looking forward to the support of Bart.'s men in order to make it a great success. An exhibition of ball-room dancing will form part of the evening's entertainment, and tickets (moderately priced) are obtainable at the medical College Office, or from any member of the committee.

OBITUARY.

DR. E. G. C. DARKE.

THOSE of us who knew Eric Darke read of his death with surprise and deep regret. It is so short a time since he was with us as House Physician, and many of us did not even know that he had gone abroad. And now, suddenly, we learn that at the very outset of his career he has fallen a victim to enteric fever. A tragedy such as this leaves us with feelings that can hardly be expressed: it seemed so obvious to all who knew him that a brilliant and happy career in the Royal Army Medical Corps was before him.

Eric Darke was born at Devonport in 1904. He was educated at Mercer's School, and entered St. Bartholomew's Hospital in July, 1921. After winning the Skynner Price in Pathology, he qualified as M.R.C.S., L.R.C.P. in November, 1927. He took up some provincial appointments, and later became House Physician to Sir Percival Hartley.

Darke was a keen member of the St. Bartholomew's Hospital Boxing Club. He fought for the Hospital on many occasions, and he was also chosen to represent the United Hospitals in boxing.

The son of an officer in the Royal Army Medical Corps, he had wished from an early age to enter this service. Immediately after finishing his House appointment at Bart.'s he commenced his training at Millbank, where he won a prize in Pathology and held the post of Demonstrator of Pathology.

He was ordered to India in February, 1931, and he served at the British Military Hospital, Nasirabad, Rajputana. His letters all showed how much he loved the work and the life in India. On November 8th, 1931, he died of paratyphoid fever.

Throughout his brief career Eric Darke endeared himself to all who met him by his quiet good humour, which seemed to be quite independent of external circumstances, and by his zest for life and for work.

SIR HENRY FRANCIS NEW.

Sir Henry Francis New died on October 31st, at Ore, near Hastings. He was a Governor of St. Bartholomew's Hospital, and he had a distinguished career first as headmaster of Downside School, Bath, and later, since 1900, in London local administration. He was Mayor of St. Marylebone in 1917, and was knighted in 1919. He was member of the London and Home Counties Traffic Advisory Committee, and of the Royal Commission on London Squares and Open Spaces; he was also treasurer of the London Society and secretary of the Association for Befriending Boys. He died at the age of 73.

MEMORIAL TO GEORGE PARKER.

ON October 10th the unveiling of a memorial tablet to the late G. W. C. Parker, former Captain of the St. Bartholomew's Hospital Rugby Union Football Club, took place in the Pavilion at Winchmore Hill. Among those present at the ceremony, which was performed before the match, were the Dean of the Medical College, the President and Vice-Presidents of the Club, members and players of the Otley R.U.F.C. and the 1st XV, together with numerous friends.

Dr. Barris, in his speech, referred to Parker's influence on Bart.'s rugger. It was Parker who procured fixtures with Cardiff, Gloucester and Bristol, and he was mainly responsible for raising the status of the Club to its present level. He was not only a great forward—he had played for Middlesex, Kent, the Barbarians, Leicester and in English International Trials—but he imbued his teams with a fine spirit. It was through Parker's wonderful leadership on and off the field that we won the Inter-Hospital Cup in 1924, the first time in forty years.

Soon after leaving Hospital Parker went into practice in Leicester, and a year later he was stricken with a fatal illness. During the late war, through the whole of which he served, he was wounded and gassed once; it was then, remarked Dr. Barris, that the seeds of his illness were sown. He went to Frimley Sanatorium, but in a short time he had developed ulceration of his larynx.

Parker knew that his end was near, but he faced it like a good rugger player, and, Dr. Barris remarked in conclusion, "He was a Gallant Gentleman." The Memorial was then unveiled, and the company present paid their respects in silence to a Great Captain.

The inscription on the tablet reads as follows:

1895—1928.

G. W. C. PARKER (late Capt. R.G.A.).

Captain St. Bartholomew's Hospital R.U.F.C. 1922–3–4.

This tablet is erected to his memory by his friends.

It was designed by Mr. J. H. Jenkins, late of the Royal College of Art. Mr. E. Bridle acted as Treasurer of the "George Parker Memorial Fund," and the thanks of subscribers are due to him for his ready help and advice.

T. P. W.

§

ROBERT BRIDGES: THE POET OF EVOLUTION.

Being the Inaugural Address delivered before the Abernethian Society on November 3rd, 1931.

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.

WHEN I received your secretary's welcome invitation to address you I had recently come from Stockholm, and as before, had been stirred by the presence of a new inspiration and a new art. It made me wonder, is Europe to be revivified again from the North as it was a thousand years ago by the Norsemen? For that Europe is mortally sick and in urgent need of transfusion who can doubt? At the time I was reading Robert Bridges' *Testament of Beauty*, and speculating on the next phase of evolution; your invitation arriving at that moment, some of those speculations were precipitated in a more concrete form. It seemed to me appropriate that I should, in this hall of all places, try to do honour to a great son of St. Bartholomew's—Robert Bridges, the poet of emergent evolution.

Biology and the physics of the infinitely great and the infinitely little have in this century become the most poetic of all studies. But I have felt for some years that before biology could appeal to the imagination, it needed a poet. Fletcher of Saltoun said, "I care not who makes the nation's laws, if I can make its songs." Biology has its laws; it needed its singer and found one in Robert Bridges. If I were to venture to suggest that in his time Tennyson had sung of evolution, I should fear the scathing criticism of a youthful audience. As well might I praise Mendelssohn. In these respects I bow to the judgment of my juniors and pass on.

What manner of man was Robert Bridges? I never met him. My impressions of him at Bart.'s were chiefly derived from Sir Norman Moore, who stimulated me, when I was secretary to this Society, to ask him to address it. The reply came that he had nothing to offer which was worthy of our acceptance, which perhaps was not meant to be so complimentary as it sounds. But as people subsequently found when he was Poet Laureate, Bridges would never perform to order. He would not even contribute a poem to our Octocentenary celebrations. The wind bloweth where it listeth.

The main facts of Bridges' life are given in the admirable obituary notice in our Hospital JOURNAL for May, 1930. I will merely stress a few salient points. He was born on October 23rd, 1844, and at the age of ten

went to Eton. There he subsequently formed a warm friendship with a kinsman who was four years his junior and his fag, Digby Dolben. Dolben was accidentally drowned at the age of nineteen, but not before he had shown himself a poet of rare promise. These poems were, however, not published until 1911, when Bridges edited them and wrote a memoir of the author, which is of great value as revealing much of his own literary development as a boy. He shows that Dolben's approach to poetry was emotional, while his own was intellectual. Thus he says that Dolben "would never have written on a subject which did not deeply move him, nor would he attend to poetry unless it expressed his own emotion. . . . What had led me to poetry was the inexhaustible satisfaction of form, the magic of speech. . . . My own boyish muse was being silenced by my reading of the great poets. . . . My last serious poem at school was a sentimental imitation of Spenser. . . . I was abhorrent towards Ruskin. . . . and well as I loved some of Tennyson's early lyrics and had them by heart, yet when I heard the *Idylls of the King* praised as if they were the final attainment of all poetry, then I drew into my shell, contented to think that I might be too stupid to understand." In these respects he anticipated modern taste, and I believe that the *Idylls of the King* is the chief cause of the present depreciation of Tennyson. King Arthur in the guise of the Prince Consort has been too much for us and has blinded a good many to Tennyson's real achievements. But to proceed, Bridges says: "As for Browning I had no leanings towards him. . . . In reading Shakespeare . . . my imperfect understanding hindered neither my enjoyment nor admiration. I also studied Milton and carried Keats in my pocket . . . (but) Milton was to Dolben as Luther to a papist. . . . I had been dazed by the magnificence of the first book of *Paradise Lost* and gave no more heed to its theology then than I do now."

Both Bridges and Dolben were beginning to question the faith in which they had been brought up, but as Dolben tended more and more to Rome and Bridges more to science, their sympathies were drifting apart, and they had not corresponded for eight months before Dolben's death. But there can be little doubt that Dolben profoundly influenced Bridges in many ways, as any reader of this memoir can see.

Bridges went to Corpus Christi College, Oxford, in 1863, where he stroked his College Eight, but only obtained a second class in "Greats." After leaving Oxford he travelled for four years in Egypt, Syria and Germany before entering this Hospital in 1871 at the age of twenty-seven, and therefore considerably older than the ordinary student. Although he published his first book of *Shorter Poems* as a third-year student, he appears to have hidden his light from his fellows in those early days, for Dr. Winter, of Wolverhampton, who qualified from this Hospital more than fifty years ago, wrote to me as follows:

> "Years long ago that poets say were golden—
> Perhaps they lay the gilding on themselves—

"I used to walk in Regent's Park with Robert Bridges. From his long cloak and soft hat, he looked like a tenor, but I had no idea that he was a poet, when he encouraged me to spout Keats and Shelley to him." In 1876, however, he published a Latin poem on the Hospital and its teachers, several of whom were my own teachers nearly twenty years later. The poem ends with a description of his examination for the M.R.C.P. I have not read this, but I trust he dealt gently with the Censors' Board, and I hope there were no budding poets among the candidates last week. While he was House Physician he wrote a paper on the treatment of rheumatic fever by splints, which serves to remind us of the fearful sufferings endured by patients with this disease before salicylates were introduced. But it was when he became Casualty Physician that his most considerable contribution to medical literature was made. His "Account of the Casualty Department" published in vol. xiv of the *Hospital Reports* for 1878 has become a classic. This paper secured two things—one, that improvements were gradually made after his caustic exposure of the system—the other, that he was never given another appointment in the Hospital. The powers that be do not appreciate irony, and youthful reformers still find it advisable to curb their tongue and pen. Unfortunately it still remains true that as long as the charitable public are influenced by the advertisement of the enormous numbers of patients treated at hospitals, no serious attempt will be made to deal with hospital abuse, but as Bridges said, "Since the days of David, the pride of numbers had never received such crushing rebuke as they have meted out to hospital statistics." In a year he saw 30,940 patients, an average of 1·28 minutes being given to each. That this was the usual state of affairs is corroborated by another paper on the Casualty Department in the same volume of the *Reports* by Dr. Norman Moore, as he then was. Bridges goes on to say, "If a casualty physician were to complain of the number of cases he has to see, he would probably be told that he is not supposed to attend to them or prescribe for them very much; that the surgery is the filter of the hospital, or that he himself is the filter. It is in vain to point out that the filtering is of necessity a process slow in proportion to its efficacy, while the quick filtering of patients is almost unintelligible.

Making bricks without straw cannot be compared to it; that is done every day, but filtering quickly is a contradiction in terms. And yet filter he must, and filter quickly too; and be prepared to hear his quick filtrate shamefully ill-spoken of in the wards and in the out-patients' rooms."

However, many patients pass through the Casualty Department to-day, and whatever the difficulties, we have a much larger staff to cope with them. In those days on the medical side there were only the junior assistant physician and three casualty physicians—no junior house physicians existed then. And those of us who remember and who worked in the old Surgery realize the enormously better conditions under which the work is done to-day. Some of the surgical firms in my days as student, resident and casualty physician merely worked behind screens of American cloth. In the afternoon the late Mr. Cumberbatch conducted the whole of the Ear Department behind these same screens. Sir Anthony Bowlby administered the Throat Department in the Female Duty Box and an adjacent room. As this state of affairs continued until 1906, when a temporary building was erected on the Christ's Hospital site, it will be observed that reforms were not carried out with undue haste. It is really impossible to do justice to this paper of Bridges' by quoting extracts—it must be read in its entirety. In his calculations as to the cost of the different medicines, however, he touches a lighter vein. A bottle of the quassia and iron mixture, generally then called by the patients the "Queen Anne" mixture, because they mistook the taste of quassia for quinine, cost $1\frac{1}{8}d.$, while the famous H.M.S. cum M.S. only cost 0·85286*d.* per patient, of which the greatest part was spent on the sweet colouring matter. But I would suggest that the rosy glow thus imparted to the mixture is of no slight therapeutic value. Bridges' experience did not lead him to subscribe to the view that "idleness is the casualty patients' excuse for coming to the hospital, and an hereditary taste for anything out of a bottle the unconscious motive of their seeking medicine." But he did not regard the existence of this type as wholly a myth, for he said, "It was only the other day that one of our patients, when asked what was the matter with him, replied, 'Well, sir, I don't know that there is anything the matter with me, but as I was passing the Hospital I thought I would just step in and have a dose of medicine.' I should have been sorry to have drunk the dose that was prepared for him."

The obituary notice in the *Hospital Journal* rightly says of medical poets that it must be confessed that though many of them may have been good doctors, few of them were good poets, and that in the nineteenth century only three names, indeed, emerge above the level of mediocrity—Beddoes, Keats and Bridges—and of these the greatest did not carry his medical studies beyond their early stages. Bridges is therefore to be regarded as the chief representative of the medical profession in this branch of the creative art during the last hundred years. I might add that in his early years Bridges took his profession seriously. He became Assistant Physician to the Great Ormond Street Hospital for Sick Children and the Great Northern Hospital. But he told Sir Norman Moore that he did not seek further promotion at Bart.'s because he realized that in those days the only avenue to the Staff was through the post-mortem room. In 1881 he had pneumonia and retired from the practice of medicine; it has been stated that he always intended to retire at forty, and to devote himself to literature, but that he was convinced that he would be a better poet if he learned and practised some profession which brought him into active contact with human life, and particularly with the investigations and achievements of natural science. We are therefore justified in concluding that he wished his poetry to express the philosophy of life he acquired from natural science in general, and from medicine in particular. For this reason alone my title this evening would be amply justified.

For twenty years he resided at Yattendon, where his literary output was considerable, not only in poetry, but in criticism, and on the subject of the spelling and pronunciation of English. He was one of the founders of the Society for Pure English. The last twenty-five years of his life were spent at Boar's Hill, Oxford, which seems likely to become the traditional home of the laureate muse.

In 1900 the Royal College of Physicians honoured themselves by electing him to the Fellowship. His appointment as Poet Laureate in 1913 was rather unexpected, as he had studiously avoided publicity and popularity. The early history of the Laureateship is somewhat vague. The first genuine official laureate was Bernard Andreas, who came over with Henry VII in 1485. Then the office appears to have been vacant until Dryden was appointed in 1663. Dryden was deposed in favour of Shadwell at the Revolution in 1688. Then followed a long line of indifferent versifiers, who punctually produced birthday and New Year odes to be set to music and sung by the children of the Chapel Royal, Savoy. But when Southey was appointed in 1813 he resisted this custom, and since then the Laureate had had no set duties. Wordsworth followed Southey in 1843. Tennyson, who succeeded Wordsworth in 1850, managed to combine his official duties and poetry with greater success than his predecessors, but on his death

there was a widespread feeling that the post was an anachronism and might be allowed to lapse. Unfortunately, when Lord Salisbury became Prime Minister again in 1895 he reverted to the practice of the eighteenth century and advised the appointment of Alfred Austin. The successive appointments of Bridges in 1913 and Masefield in 1930 have helped to restore the prestige to the Laureateship which was so lamentably lost by that apparently cynical procedure. Bridges strictly adhered to Southey's refusal to write to order, despite the nagging of such organs of literary judgment as the *Daily Mail*, to which he replied tersely and colloquially.

On his eightieth birthday his friends and admirers, remembering his lifelong interest in music, presented him with a clavichord made by Arnold Dolmetsch. I like to think of that strikingly handsome old man, in a beautiful setting, playing his beloved Bach on a well-tempered clavichord in the evening of his days. He achieved something that Milton only aspired to—for he was himself a true poem. But he was singularly favoured by fortune, though he suffered one "mortal distress," as he himself calls it, in the death of his daughter Margaret. Characteristically he tells us how he took refuge in beauty in that time of trial.

His greatest work, which was published on his eighty-fifth birthday, contains the choicest essence of his lifelong thought. Nowell Smith tells us that while he was engaged upon it, he used to speak of it as his D.H.N. (*i. e.* De Hominum Natura), with allusion to the famous philosophical poem of Lucretius, "De Rerum Natura." He could not find a title to his mind until one day he suddenly announced that he had got it—the name was to be *The Testament of Beauty*. Nowell Smith goes on to say, "There have been many other versified treatises on the nature of things, on God, on man, on the soul, on the universe. But nobody reads them either for their poetry or their philosophy, the reason being not that their authors were feeble philosophers, which they often were not, but that they were not real poets. Pope was not a real philosopher, but he was a real poet. Lucretius was both; Robert Bridges was both. . . . *The Testament of Beauty* is a philosophical poem which bases itself upon the theory of evolution popularly associated with the name of Darwin, as definitely as the 'De Rerum Natura' based itself upon the atomic theory of Democritus as developed by Epicurus. . . . There has been an age-long antagonism between morals and religion on the one hand and art and poetry on the other. The earlier phase of the Renaissance was an attempted harmony; but it was soon broken up. The High Renaissance stands over against the Reformation as art without conscience against morality without taste. It is only as a result of the liberating force of the scientific spirit that Beauty has begun to vindicate its place in the trinity of the absolute values. Thus it has come about that *The Testament of Beauty* is the first great didactic poem of æsthetic philosophy, and as such it seems likely to have an historic advantage over other long poems in an ever-increasing stream of literature."

A recent writer has said of Bridges that in spirit he was the most akin to the Elizabethans. "The songs of the Elizabethans, for all their spontaneity, spring to life already intricate and sophisticated in form; as a flower opens, with its petals, the fanciful conceits of nature, already perfected and symmetrical. In such a union of spontaneous feeling with finished, ingenious craftsmanship Bridges is more fundamentally like the Elizabethans than in the particular rhythms and turn of phrase that he caught from them. . . . Because he was not deceived by the law of cause and effect, but knew how far astray it goes when it touches human feeling, his poems, even those which are fancifully written, give a special sense of reality, for they belong to a world in which things happen in the way we know."

Desmond McCarthy says: "Unlike most poets his earlier poems have on the whole less emotion in them than his later ones. . . . He had from the first set his face against expressing black thoughts or pain. . . . Indeed he excluded them too resolutely. . . . But there was another sieve through which the intimations of the poetic impulse had to pass in his case, beside this reluctance to record black thoughts or pain. He was determined to illustrate only reveries, which harmonize with the life of man as a social being, valuing only a temperate and rational beauty, and selecting for poetic praise those things which cohere together in a happy and confident response to life as a whole. This implies his limitations." To which I would reply that these limitations were the almost necessary consequence of his sheltered life, but that within them, and because of his happy security from many of the anxieties that beset the ordinary man, he was able to achieve work of rare distinction. Not all great poetry is written in a garret. For, as the *Times* said of him, "Both action and contemplation mixed in him with happy consequences to his generation and never let him grow old. . . . As time goes on, he will be recognized not only as a true English poet, but as one of those poets which nations, or circumstances, produce only at rare intervals."

Of the technical construction of his poetry I forbear to speak, as of something outside my province. There is no need to be antagonized by his simplified spelling—the eye quickly adapts itself to that. The rough-hewn lines seem dissonant at first to an ear attuned to the

smooth Tennysonian rhythms—just as modern sculpture is trying to the eye accustomed to classical forms. But a modern poet, who was always experimenting in rhythms, told me that when he thought he had arrived at something new he found that Robert Bridges had been there before him. Another writer has told me that the internal rhymes in the poem are a sheer joy to him. On this side he is a poet's poet, and the ordinary reader will remain content with the depth and beauty of his thought. No one could have written *The Testament of Beauty* without a biological training, and I should feel inclined to add, without medical knowledge. That a man of over eighty should have written such a poem is in itself sufficiently remarkable, but that he should have assimilated recent work on astronomy, archæology, physiology and psychology and have welded them into new forms of beauty is to me amazing.

I do not think that the philosophy of Robert Bridges was ever more succinctly expressed by him than in the broadcast lecture on poetry which he delivered on February 28th, 1929. He spoke through the mouth of an imaginary poet, who was, however, really himself:

"Now, if you don't like my poet, that is not my fault. But if, as I guess, some of you suspect that he is going to be too fantastical for your taste, I would reassure you on that point; for though he was a bit of a platonist, he was something of a materialist, since, holding that all our ideas come to is through the animal senses, reality (or our notion of truth) must (as he affirmed) appear in external forms to our thought; and we must see man's life on this planet as a material evolution (as most of us in these days have come to regard it). And that evolution, as we see it, is a progress from lower to higher, from what we call material to intellectual and spiritual in successive stages from the physicist's atom to the mystic's vision of God.

"Now, as my poet went on to say, man's mind, being such a receiver of eternal ideas, would be complete and perfect it if received all the ideas, and such a human mind would be absolutely in harmony and at one with the universe, as he is a part of it. But his animal condition is imperfect, and each man can receive only some of the ideas, and those but imperfectly. . . .

"Such imperfection must be in all men's minds, and our minds differ according to the ideas by which each man is possessed. . . ."

This passage might, indeed, serve as a preface to his *Testament of Beauty*.

(To be continued.)

HÆMOPHILIA: A SHORT SURVEY.

THE extent of medical knowledge is so awe-inspiring that the dark abyss of ignorance underlying it is frequently forgotten. The classical medical conditions, in the majority, bear such a complex superstructure of fact and fancy, deduction and discussion, that only the learned and industrious may perceive the foundations of mystery, or hope to write with any authority concerning them. There are a few clinical entities, however, whose divine simplicity reveals the unknown to all, even to the lazy and ignorant, who may bask in the realization that here, at least, they are almost as wise as the illustrious.

Hæmophilia is one of these. This extraordinary state, of few symptoms and fewer signs, is quite baffling. Like the glass mountain of the fairy stories, it stands, for all to see, unassailable, its base littered with the wearied hopes and damaged reputations of the past.

HISTORICAL.

A condition so dramatic might have attracted the pens of writers since the dawn of description, yet early references are few and unreliable.

It was said to have been known to the ancient Jews, and, if this is so, the directions in the Talmud (58), which provide against hereditary hæmorrhage in circumcision, constitute the earliest known reference.

Alsaharavius (2), the great Moorish surgical writer of the tenth century, describes the men he met in the village of Al-Kiria, who told him that they would bleed to death if wounded slightly, and that one of their boys had suffered this fate after his gums had been rubbed.

Benedictus (7) produced, in 1539, his famous case of the Venetian barber, who, if he died miserably from epistaxis after accidentally cutting his nose with a pair of scissors, at least achieved immortality by doing so.

But 1793 saw the first account of classical and undoubted hæmophilia, contained in *Medicinische Ephemeriden*, by C. W. Consbruch (16). This aroused little interest, on account of the rarity of the publication, and it was left to J. C. Otto (49), of Philadelphia, to call attention to a new and wonderful condition, by his "account of an hæmorrhagic disposition existing in certain families," in 1803.

John Hay (27) produced an account of the Appleton-Swain family in 1813, who at once became so famous that they were included in the history of Ipswich, Mass.; while C. F. Nasse (47) propounded his law of heredity from a study of their pedigree. The middle part of the century is dominated by Grandidier, who

made a life work of the collection of hæmophilic records, authentic or otherwise, the doubtful portion receiving no criticism until the appearance in 1872 of Wickham Legg's (65) great monograph. The latter was on the staff of this Hospital, and the *Reports* of 1881 contain an article by him and the pedigree of the Clitherow family (66).

In 1911 the greatest work on hæmophilia was published, being the monograph of Bulloch and Fildes (10), in which they analysed the whole of the existing literature, giving abstracts of 949 papers, descriptions and pedigrees of every recorded case, thus laying a foundation for all subsequent work.

Since then large numbers of papers have appeared dealing with various aspects of the subject, but no comprehensive work, in the English language.

INCIDENCE.

The Registrar-General states that 86 males and *38 females* died of hæmophilia in England and Wales during 1930. These figures must be grossly misleading, for it is almost certain that only a small proportion of the former and none of the latter died of true hæmophilia. Several factors, however, tend to reduce the number of cases that come to light. It is "the most heritable of all heritable diseases" as Grandidier said, and members of affected families look back through generations of tragic death that medicine was powerless to avert. They look back to days when treatment was terrifying and useless, and well-meant barbarities inflicted by past physicians have had a profound effect. They regard their affliction with fatalistic resignation, and, failing to engage medical aid, are lost to the annals of hæmophilia. In addition, cases are known to occur among the highly born, even royalty, but these are closely guarded secrets and cannot be published.

Hæmophilia is almost entirely limited to the Saxon races of Germany, Switzerland, America and England, and their emigrants in all parts of the world. The Latin races seem almost exempt. Russia and Scandinavia hardly recognize it as a clinical entity, and though cases have been reported among the natives of the Punjab (Rattan) (55), Sumatra and Africa, they are of doubtful nature.

HÆMORRHAGE.

Bulloch and Fildes' statement of the cardinal points as "the *inherited* tendency for *males* to *bleed*" cannot be bettered. Hæmorrhage, which may occur from, or into, any part of the body, and its effects, give rise to the essential symptoms. Bleeding from a trivial wound, though perhaps no faster than the *initial* hæmorrhage from a normal person similiarly injured, continues evenly and relentlessly for hours, days, even weeks to a frequently fatal termination. Nor will remedies usually so effective serve where hæmophilic blood is concerned, for it will soak dressings, ignore styptics and cautery, present no definite origin for ligature, enormous quantities, literally gallons, being sometimes slowly lost.

The first bleeding to mark the arrival of a young hæmophilic is seldom from the umbilicus or severed cord. Circumcision, though naturally avoided in affected families, occasionally provides the first, and frequently the last, serious hæmorrhage. For the first year the children show little sign of their peculiarity, though the cutting of the teeth may give rise to serious bleeding, but as soon as they start to run about the long histories of hæmorrhage from innumerable minor injuries begin.

Frequent epistaxis and bleeding from the mouth occur in nearly every case, while effusions of blood into the joints, the most typical feature of the condition, are followed by pain and tenderness, loss of function, often by fibrous ankylosis and permanent deformity. Bleeding into the tissues—producing sometimes prodigious hæmatomata—into the urinary and alimentary tracts frequently occurs. Hæmorrhage may interfere with the central or peripheral nervous system, as in the case described by Lord (34), in which bleeding into the elbow led to paralysis and ischæmic contracture of the forearm. Seddon (57), in a paper which dealt with this aspect for the first time, finds that nineteen of Bulloch and Fildes' cases suffered spontaneous neurological lesions, which, he suggests, may be due to the hæmophilic condition. He also describes two cases, one in which an ilio-psoas hæmatoma involved the sciatic nerve, hæmatomyelia and paraplegia occurring in the other. The diagnosis of hæmophilia in the first, is, as he says, doubtful. Carrol (11) produced a case said to combine hæmophilia and Fröhlich's syndrome, in which it was suggested that hæmorrhage occurred into the pituitary fossa during a difficult birth.

Extraordinary remissions are experienced by even the severest cases, during which there are no symptoms, the coagulation time approaches normal, and even a surgical operation may be undergone without disaster.

INHERITANCE.

The sex-linked transmission of hæmophilia is, perhaps, its most striking characteristic, though certain other conditions share this form, notably colour-blindness and pseudo-hypertrophic muscular palsy. Hæmophilia is so essentially a familial state that a pedigree is associated with almost every case, and it was from these,

but more particularly from a study of the Mampel family, that Lossen (35) laid down, in 1905, his hard-and-fast rule of its transmission and manifestation. In this he stated the hæmophilia was an inherited defect, exhibited by males alone, and passed on to the next generation by females only. Thus each generation will consist of male bleeders, who will not transmit the defect, and females, apparently unaffected, who will transmit.

Lossen's rule permits three possible exceptions, all being represented in Bulloch and Fildes's records, whose views as to their authenticity are, briefly, as follows:

(1) Hæmophilia does not occur in females, the evidence in alleged cases being quite insufficient to warrant such a diagnosis.

(2) Transmission through males is not established, since recorded instances may be due to the unsuspected presence of a female carrier in the pedigree.

(3) Sporadic cases, those with no family history, may be explained by the difficulty of tracing pedigrees, owing to the hæmophilic strain changing its surname with each generation, or "skipping" a generation even containing males.

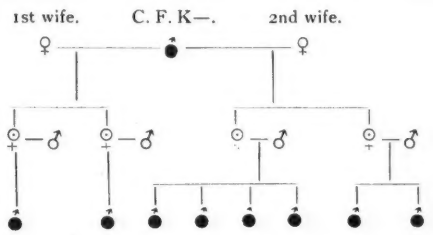
Long pedigrees are, in fact, rare, the famous bleeders of Tenna providing nine generations, the longest recorded. The extreme isolation of their Swiss home discouraged migration, rendering the tracing of records comparatively easy.

Subsequent events, and more exact diagnosis by laboratory methods, have entirely supported the first conclusion, no definite evidence of female hæmophilia having appeared. Hess (28) described a form of hereditary purpura, and also finds a purpuric condition among female members of hæmophilic families. The majority of so-called female bleeders, including the case described by Warde (64), are probably examples of these.

With regard to male transmitters, evidence is not so conclusive. Geneticists have insisted (Gates (24)) that theoretically, the daughter of a bleeder may be a carrier, and this has, to some extent, been borne out by fact.

Nissé (48), in 1927, points out that Nasse, in 1820, stated that females may transmit hæmophilia "*from their fathers*," having observed Hay's record of the Appleton-Swain family, which contains this form of male transmission.

Nissé quotes Max Fischer's (22) case of Christian Friedrich K—, who married twice, there being no evidence that his wives were related, or came of hæmophilic stock. He had, as will be seen from the diagram, two daughters by each marriage, and each daughter had "bleeder" sons.



PEDIGREE OF MAX FISCHER'S CASE (SIMPLIFIED).

* = bleeder. ⊙ = carrier.

Bulloch and Fildes took exception to the diagnosis in the case of C. F. K—, as the record states that he bled frequently and copiously from the nose, and from wounds received in battle, pointing out that a true bleeder is unlikely to survive anything so drastic as a battle, but in view of the double marriage and the undoubted hæmophilia of his grandsons, C. F. K— seems definitely to have transmitted the defect.

Other cases in which daughters of hæmophilics appear to be carriers have been described by Nissé, Muir (46), and more recently and convincingly by Mills (41).

Nissé comes to the conclusion that 24% of all bleeder fathers transmit through their daughters, though no doubt the objections already quoted apply in a proportion of the cases on which he based these figures. Madge Macklin (37) has written an excellent review of this aspect of the inheritance. Lastly, sporadic, or *de novo* cases seem possible, as Davidson and McQuarrie (18) have described an undoubted "bleeder" with a full pedigree of four unaffected generations.

PATHOLOGY.

It is generally accepted that hæmophilia is due solely to an inborn error in the blood-clotting mechanism. Determined by either Gibbs's (25) or the Dale-Laidlaw (17) method, the coagulation time of normal blood is usually less than five minutes, but, in hæmophilia, is seldom less than fifteen minutes, sometimes an hour or more. The reason for this lies somewhere in the confusion surrounding the coagulative process.

Normal blood, in contact with normal endothelium, will never clot, but when a wound is inflicted, the train of events ending in coagulation is set in motion. A factor known as thrombokinase (Morawitz) or thromboplastic substance (Christie) (14) is contained in the tissue-juice which exudes from the damaged structures and mixes with the issuing blood. This factor hastens the clotting process, which begins by the production of thrombin from prothrombin and the calcium salts in the blood. The thrombin thus formed acts on a globin present in the plasma, fibrinogen, converting

it into insoluble fibrin, the contracting threads of which entangle the cells and form the typical clot. Howell supposes that an anti-prothrombin is present in normal blood, which prevents the production of thrombin under normal conditions, but which is neutralized by thrombokinase.

Naturally every link in this chain has received the blame for hæmophilia, but with the exoneration of most of them the search is narrowing down.

Addis (1), in 1911, proved that the last three stages are efficient, since normal prothrombin will clot hæmophilic blood in normal time, this being confirmed by Minot and Lee (44), and Mills (40). Calcium was proved to be normal by Addis (1), Hess (29), and Christie (14), and the activity of thrombokinase was proved to be efficient by the former worker. Howell (31) removed any suspicion from anti-prothrombin, finding no excess of activity of this in hæmophilia. Thus only prothrombin remains, and in addition to the process of elimination, positive evidence of a defect here is forthcoming. Bayne-Jones (5), Austin (4) and Howell (30) showed that it is normally produced from the platelets, which disintegrate on coming into contact with foreign material, so that these also must come under suspicion, though they are present in normal numbers in hæmophilia. Minot and Lee found that hæmophilic platelets caused normal plasma to clot slowly, though normal platelets clotted hæmophilic plasma in normal time, thus proving a defect either in the platelets or the prothrombin they produced. They came to the conclusion that it was the slow production of prothrombin that caused the delay in coagulation. The solution of the problem has been brought a step nearer by Carrol Birch (8), who finds that hæmophilic platelets are abnormally resistant to hypo- and hypertonic solutions, and that if they are removed from the blood, "traumatized" in a mortar, and returned, the blood will clot in normal time.

Embryonic blood has been shown to clot much more slowly than that of the adult (Emmel) (21), and Pickering (53–4), who has studied embryonic and hæmophilic bloods, finds them similar in some respects, and suggests that a persistence of an embryonic protective anticlotting mechanism may be the cause of hæmophilia.

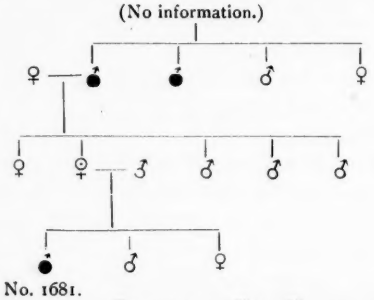
Thus the increase of clotting time is brought about by the slow liberation of prothrombin from abnormally resistant platelets, and this may be due to a persistence of an early protective process.

But while it is accepted that the coagulation time defect is the sole cause of the condition, the fact that hæmophilics bleed *more easily* than normal does not receive an explanation. If a coagulative defect is the only difference between a bleeder and a normal person, the trauma necessary to "draw-blood" should be the same in both, since the coagulative process cannot come into operation until blood is shed. Yet the records of hæmophilic hæmorrhages, particularly joint-effusions, often contain the word "spontaneous," which would not have been used had the patient remembered any trauma, and trauma so slight as to be forgotten seldom produces the slightest hæmorrhage in a normal individual. Effusions into the joints cannot be explained by a mere coagulative defect, unless it is assumed that *slight* hæmorrhages occur frequently in these situations in every normal person. Again, epistaxis is a frequent occurrence in every case of hæmophilia, but even the slightest epistaxis is hardly frequent in every normal person, while biting the tongue—a common event—produces no bleeding normally, but many cases of fatal hæmorrhage among hæmophilics. Gulland and Goodall (26) cite the case of a young hæmophilic who would be covered with bruises after a dance, and assuming, of course, that these entertainments were of a civilized nature, it is difficult to explain this without either questioning the diagnosis or postulating a change in the tissues which contain the blood.

Against this Hess (28) has found that the resistance of hæmophilic capillaries is normal by the tourniquet test, so that "easy" bleeding is not due to an increased permeability of these vessels, which occurs in purpura hæmorrhagica (Tidy) (60–1). The platelets do not appear to be concerned in this particular problem, though a shortage of them helps to produce the hæmorrhagic condition in purpura (Bedson) (6).

CASES IN THIS HOSPITAL.

Five males were admitted to this Hospital with a diagnosis of hæmophilia between 1921 and 1927, two being adults, in whom, as might be expected, the symptoms were not severe. This is borne out by the fact that they were only admitted once, and twice, respectively (Nos. 18649 and 35722). The others, however, are very different. No. 1681 was admitted 5 times between 1921 (æt. 8) and 1925, and No. 11184 7 times between 1922 (æt. 3) and 1927, and has been in 3 times since. The former case is of interest, as he was described by Vines (62) in 1920, and also because his pedigree shows the male transmission according to Nasse's law, though it requires more careful investigation.



PEDIGREE OF NO. 1681.

No. 28021 was admitted 15 times between 1924 and 1927, when he died. His pedigree shows that four other members of his family have died of hæmophilia, three of them here, and that two younger brothers are under treatment. His history is so typical that his notes are given below in greater detail. The pathetic list gives a more vivid impression than any amount of descriptive writing of the existence a hæmophilic may expect.

No. 28021. Admission list.

April 13th–28th, 1924.—Annie Zunz: Broncho-pneumonia; epistaxis.
August 22nd–5th.—Harley: Bleeding from gums.
December 6th–8th.—Surgery Ward: Epistaxis.
December 12th–30th.—Annie Zunz: Epistaxis; bronchitis.
March 7th–9th. 1925.—Surgery Ward: Bleeding from cut finger.
March 10th–18th.—President: Renewal of bleeding.
May 14th–18th.—Surgery Ward: Bleeding from cut scalp.
August 30th to September 1st.—Surgery Ward: Epistaxis.
August 9th–18th, 1926.—Harley: Hæmatoma over scapula after falling.
November 5th–9th.—Surgery Ward: Bleeding from graze on chin.
November 9th to December 31st.—Paget: Persistent bleeding from graze on chin.
January 30th to February 16th, 1927.—Harley: Effusion into left wrist after knocking it.
July 7th–10th.—Kenton: Bleeding from gums.
July 30th to August 9th.—Stanley: Hæmatoma right buttock after falling.
December 24th.—Mathew: Hæmatemesis.
December 26th, 1927.—Died in Mathew Ward. Æt. 5.

DIAGNOSIS.

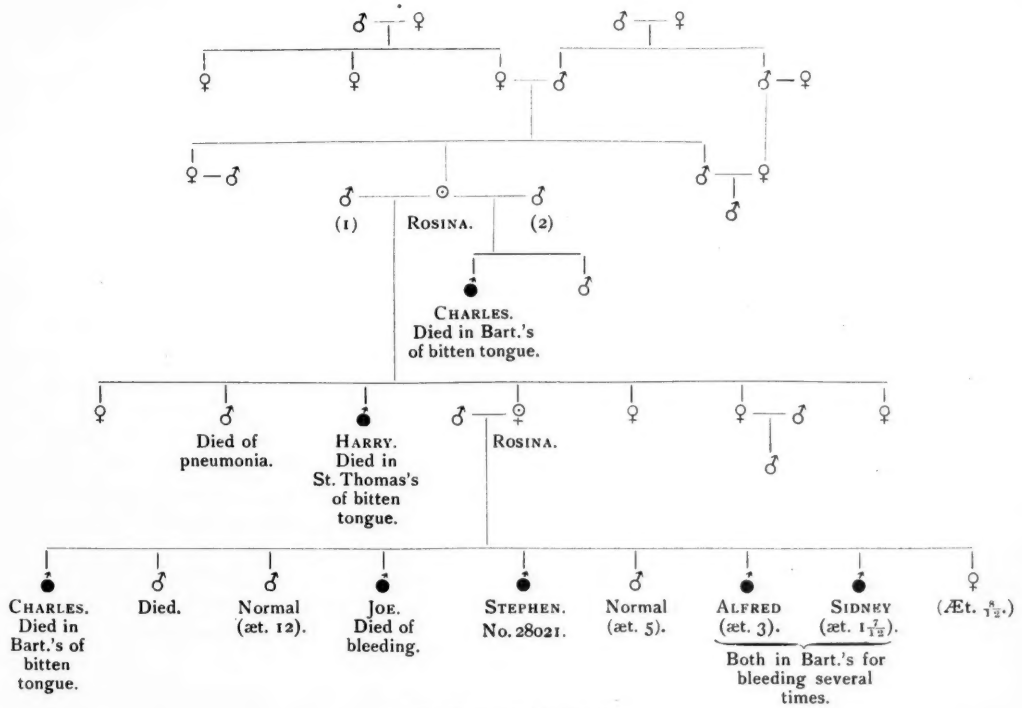
The long history from infancy, in a male, of uncontrollable hæmorrhage from slight injuries, of effusions of blood into the joints, the distinctive sex-linked inheritance, these combined can leave no doubt as to a diagnosis. But the absence of one of these factors calls for more careful investigation.

The coagulation time, the platelet count, the bleeding time will settle the question definitely.

The first is useless unless certain precautions are observed. During, or soon after, a hæmorrhage, the coagulation time of a hæmophilic may be within normal limits—a phenomenon first noticed by Sahli—and a period of remission may have the same effect, so that two determinations on different occasions, no serious hæmorrhage having recently occurred, are essential to be conclusive. It may be unnecessary to refer to Gibbs's (25) observations, in which he found that the coagulation time decreased for each successive drop of blood obtained from a needle prick, up to the fifth or sixth drop. His work was confirmed by Christie (12), who published the curves obtained by plotting coagulation time against successive drops in various conditions. The typical curves of hæmophilic and normal blood are given, the difference being very striking, and of diagnostic importance.

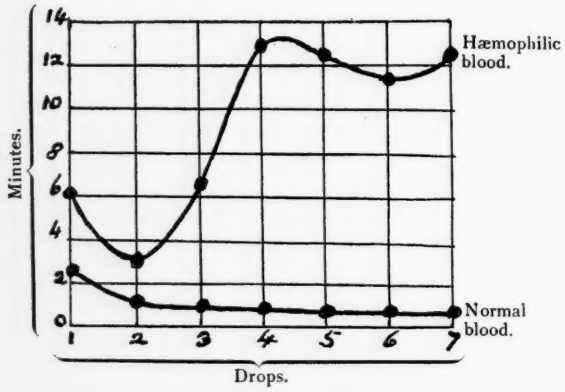
At any rate, unless it is borne in mind that the coagulation time varies from drop to drop, a high degree of error may be achieved.

The bleeding time, by Duke's (19) method, is usually normal in hæmophilia—a direct contrast to purpura



PEDIGREE OF NO. 28021.

hæmorrhagica, in which the bleeding time is greatly prolonged, but coagulation time normal. This paradox has received the following attractive explanation. Hæmostasis is attained in small punctured wounds not by coagulation, for bleeding time is frequently shorter than clotting time, but by the elastic reaction of the tissues, and the plug of agglutinated platelets that is formed. In hæmophilics the tissues are said to be normal, and platelets present in normal numbers, whilst in purpura the capillaries have suffered toxic damage, and the platelets are much reduced (Bedson(6)). This may explain why cleanly incised wounds seldom give rise to such serious hæmorrhage as more superficial and apparently trivial injuries in the hæmophilic. Minot (42) finds that the bleeding time varies inversely as the number of platelets, but he describes later (43)



Coagulation times of successive drops of normal and hæmophilic blood. (Christie.)

cases in which the bleeding times were increased, but the platelet count and coagulation times normal. Little and Ayres (33) confirmed this, with an account of a similar condition. Buckman (9) adds a further combination, a case of purpura with a normal platelet count, but increased bleeding and coagulation times, thus showing that the true function of the platelet in hæmorrhage has yet to be explained.

The hereditary forms of purpura described by Hess, and hereditary hæmorrhagic telangiectasia, described by Attlee (3) and Foggie (23), may also be distinguished from hæmophilia by the fact that they affect, and are transmitted by both males and females. The latter condition may show itself by epistaxis, hæmatemesis and hæmaturia. Effusion of blood into the joints, considered almost pathognomonic of hæmophilia, occurred in a case of purpura described by Hess.

While a mistaken diagnosis of hæmophilia may not be vital from the patient's point of view, the converse may have very serious consequences; hæmophilic joints have been regarded as infected, and opened, with singularly fatal results.

TREATMENT.

"The sight . . . of a patient slowly becoming exsanguine from a trivial injury, capable, perhaps, of being securely enveloped in bandages must," write Bulloch and Fildes, "leave a lasting impression on the observer."

It had a stimulating effect on earlier physicians, for treatment often assumed heroic, and to the patient, terrifying proportions. Creosote, lapis infernalis, sulphuric acid were applied, even to the mouth. Red-hot irons were used for extensive, and painful, cauterization. Tourniquets were left on limbs until they were putrescent masses; the carotid artery was compressed or ligatured, with convulsions and hemiplegia as frequent attendants, these useless efforts only serving to damage the reputations of their well-meaning originators. Yet, like other desperate straits, hæmophilia has its epics; as, for instance, the story of the girl who saved her brother's life by maintaining digital compression of a bleeding tooth-socket continuously for *three days and nights*.

Modern treatment, capable only of providing temporary relief, aims at the control of hæmorrhage by the introduction of coagulative elements. These were carefully investigated by Christie and Gulland (13) in 1927, and by Payne and Steen (50) two years later. Their results may be summarized as in the table on p. 53.

Thus it will be seen that transfusion of human blood or plasma is the only effective remedy for hæmorrhage. It will be also seen that sodium citrate produced a marked relief from symptoms in the three cases who had it, in spite of the fact that it did not reduce the coagulation time. This seems to be additional proof that the symptoms of hæmophilia are not entirely due to a coagulative defect. Other agents that have been used and recommended are thymus and thyroid extracts, gelatine, raw-meat juice, milk, ergot, adrenalin, turpentine, perchloride of iron, all being useless. The best local hæmostatic is a piece of cotton-wool soaked in fresh, normal, human blood.

Vines (62–3) claimed that during anaphylactic shock the coagulation time was markedly reduced, this being confirmed by Mills (40), though subsequent investigators do not agree (Christie (13), Payne (50), Riecker (56)).

Recently Marlow (38) and Eley (20) find that in this condition the coagulation time of *capillary* blood is

reduced, but that of *venous* blood is unchanged. Pickering (52) found a liver diet beneficial, but Marlow could not agree. H. and A. Pereira (51) describe a case which improved after an intramuscular injection of 25 c.c. of whole blood.

Finally, a short account of an extremely interesting form of treatment appeared this year. Carrol Birch (8), of Chicago, states that two boys, bad bleeders, were selected, one having 15 grm. of ovarian extract daily for nine months, during which time he was quite free from symptoms, with a normal coagulation time. The second had ovarian extract for a few days, and then a piece of fresh ovarian tissue grafted into his anterior abdominal wall. This was absorbed in five and a half months, and during this time his coagulation time was normal and he was quite well.

PROGNOSIS.

The condition is fatal in the majority of cases, though the prognosis, with the symptoms, improves if adult life can be reached.

CONCLUSIONS.

(1) The possibility of bleeders transmitting through their daughters must not be overlooked.

(2) There may be other factors in hæmophilia besides a coagulative defect.

(3) Transfusion of human blood is the best, though transient, hæmostatic measure.

(4) The connection between the endocrines and hæmophilia may form an enlightening basis for experiment.

(5) The " divine simplicity " of hæmophilia is becoming rapidly less apparent.

Agent.	Introduction.	Effect on coagulation time.		Remarks.
		(*a*) Immediate.	(*b*) 2 hours later.	
(1) Whole citrated human blood	Transfusion	Fall to normal	..	Original coagulation time reached in 5 or 6 days.
(2) Citrated human plasma	,,	Marked fall	..	Not quite so good as (1).
(3) Defibrinated human blood	,,	,,	..	Not quite so good as (2).
(4) Horse and sheep sera	Subcutaneous injection	Slight fall	Slight rise	..
(5) " Hæmoplastin "	Ditto	None	,,	..
(6) " Coagulen-ciba "	,,	,,	,,	..
(7) " Coagulen-ciba "	Orally ; 1 grm. in iced water	Slight rise	Slight fall	..
(8) " Fibrogen Merrel "	Subcutaneous injection	None	Slight rise	..
(9) Calcium chloride	Intravenously	Rise	..	..
(10) Calcium lactate	Orally ; 5 gr. *t.d.s.*	..	..	Slight fall after some days.
(11) Protein shock	..	Slight fall	Slight rise	..
(12) Sodium citrate	0·6 grm. in 20 c.c. water intravenously	None	None	Marked improvement of symptoms in 3 cases.

The principle of this is, presumably, that as hæmophilia is inherited, and exhibited, as if it were a male characteristic, any influence that will repress male characters will also repress the *exhibition* of hæmophilia. The attendant results of a complete cure might not, therefore, be entirely appreciated by the patient. It might be interesting to see if the essential male secretions would produce an exhibition of hæmophilia in a female carrier, or delay the clotting of her blood *in vitro*, as it seems obvious that the female endocrine secretions repress the symptoms, while the male allow it to become dominant.

One other interesting point is that Moritsch (45) and Kubanyi (32) have both found that the blood groups of their hæmophilic patients and their female blood-relations are identical, while the unaffected males of the families are different. The significance of this remains to be seen.

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R. G. MACFARLANE.

ABERNETHIAN SOCIETY.

The Inaugural Address of the Society was given on November 3rd, 1931, by Dr. Langdon Brown on "Dr. Robert Bridges, the Poet of Evolution." Part of the address is published in this issue. The vote of thanks was proposed by Dr. Hilton, and ably seconded by Mr. H. W. Rodgers.

At a meeting of the Committee held on October 27th a letter was read from Mr. Jameson Evans tendering his resignation as President of the Society. The resignation was reluctantly accepted, and the following officers were elected to fill the vacancies thus produced:

President: Mr. G. D. Kersley.
Hon. Secretary: Mr. A. W. D. Leishman.
Extra Committee-man: Mr. C. H. S. Harris.

The Clinical Evening which had been fixed for Thursday, November 12th, was postponed owing to the Operative Surgery Class being held at the same hour; it is hoped that it may take place early in December, and members of the Society are asked to give it their support by showing cases.

The next meeting of the Society will be held on Thursday, December 3rd, at 8.30 p.m., when Dr. Crichton Miller will give a lecture entitled "Social Evolution and Birth Control."

MORE DUNCANIANA.

ANECDOTES and reminiscences of great hospital teachers account for much of that valuable oral tradition which often stamps a man's practice for the rest of his life. "You can tell he's a Bart.'s man" is often said. I believe Matthews Duncan's teaching is still taught, and quite as much by what he said as by what he wrote. I feel sure were I lucky enough to attend a modern obstetric lecture at Bart.'s I should find plenty of Duncan in it.

I was his last lecture-assistant—pot-boy as I think the post was called—in 1890, and hold his last telegram to me saying, "No lecture till Monday," which day, alas, never came.

We entered the Anatomical Theatre exactly as the clock struck nine, first Duncan, stately, with his twinkling eyes, then that great genius A. A. Kanthack, his H.P. in Martha, subsequently our first Professor of Pathology, then myself bringing up the rear. He would read my chalk writing on the blackboard, and expect the class to copy it out. He would terminate just as one would turn down the page of a book, on the stroke of the hour afterwards, just completing the sentence. He considered he owed the class his very best. He used the simplest terms possible. He would illustrate the uterus and its appendages by leaning well forwards, with arms horizontal to illustrate the tubes, and his outstretched gown for the broad ligaments. We always waited for this. I believe the story of students tasting urine from wrong observation of Duncan has no right to be attributed to him. I often wonder who did invent it.

I remember his arguments against the pin-point external os causing dysmenorrhœa or sterility. "Gentlemen," he wound up, "menstruation is not Niagara, and the spermatozoa are not sea-serpents." Someone had proved the force of uterine pains in labour to be over 200 lb. (his own work pointed to an average of 15). "If 200 were right," he said, "somebody might micturate over the dome of St. Paul's Cathedral." In Martha, where abdominal sections were rather dreadful, he would stand by murmuring, "Poor woman! Poor woman!" He would I think have had nothing but praise for the work of Harrison Cripps later on. To him is owed the Bart.'s tendency to avoid tinkering. There is a story of a letter of his to a too enterprising gynæcologist who sent him a patient in despair. He wrote, "Let the woman alone and she will recover." Dr. Griffiths, who is, happily, still with us, and his successor, Sir Francis Champneys (whose fifth H.P. I was), took all his teaching as their basis, of course always adding something more, and explaining the difficulties he was up against when he wrote that classic work of his in 1886, *Lectures on Diseases of Women.*

At one time it looked as if Dr. Clement Godson might follow him in the Chair. He wrote a section in an early edition of Holden's *Landmarks*. But he was too busy with a big and fashionable practice, and he seemed glad, I thought, when he found he would not have to deliver the lectures I wrote out for him, from my notes. He was a good-tempered, rosy-faced little man, who looked, as my old friend "Helen Mathers" (of "Comin' thro' the Rye" fame) once described him, "as if he were just going to have a baby himself." Peace to his ashes: he contributed to the fame of Bart.'s.

This chit-chat, on re-reading, may convey a wrong impression that Duncan was over-terse, too epigrammatic, and occasionally coarse. When he was thus-wise I think he meant to be emphatic, or to switch us off a bit from undue concentration on his stately eloquence and logic—stuff so full of value and facts that we durst hardly whisper lest we should miss aught.

Verily there were giants even in those days, and, avoiding that over-praise of the old man for the days that are passed, we had in Duncan one of our greatest teachers, a very great physician, a man who put his subject on its present pinnacle of importance all over Europe, through whose somewhat rugged exterior shone a soul of purest gold. W. H. MAIDLOW.

ACKNOWLEDGMENTS.

The Nursing Times—British Journal of Nursing—Clinical Excerpts—Clinical Journal—Kenya and East African Medical Journal—The Hospital—The Student—Long Island Medical Journal—Sydney University Medical Journal—Giornale della Reale Società Italiana D'Igiene—Charing Cross Gazette—Royal Dental Hospital Magazine—Guy's Hospital Gazette—The Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—Bulletins et Mémoires de la Société de Médecine de Paris—L'Écho Médical du Nord—The Quarterly Journal of the Research Defence Society.

STUDENTS' UNION.

RUGBY FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL *v.* CAMBRIDGE UNIVERSITY.

This match was played at Winchmore Hill in fine weather, on Wednesday, October 21st. The Hospital won the toss, and for the first quarter of an hour Cambridge were forced to defend, but the uninspired play of the Hospital three-quarters seldom looked like leading to a try. On the other hand, when the University did at last gain a footing in our half of the field, Smeddle, Harris and Meikle frequently looked dangerous, and Powell and Nel were both prominent with good defensive work.

The Hospital forwards were superior to the rather immature Cambridge pack in the "tight," and also showed far more liveliness in the loose than their opponents, for whom Brook was not as prominent as usual.

The first half was rather devoid of outstanding incidents, though Smeddle, with his swerve and sidestep, often had our defence in difficulty. However, he was only successful in crossing our line on one occasion, when ten minutes from half-time he touched down between the posts after beating several opponents. Johnstone converted.

Half-time: Bart.'s 0, Cambridge 5.

Cambridge started the second half in vigorous style, but some fine rushes by the Hospital forwards, with Capper, Lewis and Mundy in the van, soon took play into the Cambridge half, where it remained for some time, thanks to some lengthy touch-finding by Nel. The Hospital were obtaining the ball frequently in the scrums, enabling Ward and Beilby to combine well at half, but the painful absence of thrust in the centre made the chances of a score look very remote. At length, however, Bart.'s did draw level, for W. M. Capper secured in the loose, sold a good "dummy," and cut through the Cambridge defence to give an inside pass to B. S. Lewis, who ran strongly to score between the posts. Nel converted (5—5).

Cheered on by quite one of the most enthusiastic crowds seen at Winchmore Hill, Bart.'s overplayed the University for the next ten minutes and looked like going ahead at any moment. Both Lewis and Briggs were nearly over, and Kirkwood once got to the line, but lost the ball, and with fifteen minutes left for play the scores were still level. The final quarter of an hour may be written down as sheer tragedy from the Hospital point of view, for after L. J. Harris had skirted the touch-line and brushed off two very feeble attempts to tackle him to score in the corner for Cambridge (5—8), a quick succession of tries from Brook, Meikle and Smeddle, all of which were converted by Johnstone, left Bart.'s demoralized and defeated by 23 points to 5.

The why or wherefore of this sudden collapse is enigma, but a little more determination on the left wing might well have saved the last two, and it is certain that it was not lack of condition which caused the team to "crack."

That we should have lost so heavily a match we might well have won on the play, and victory in which would have meant so much to us, causes us to write of it in a melancholy strain.

All credit, however, should be given to Capper for his fine leadership of the pack, and to Nel, Ward and Beilby for their good displays behind the scrum.

Team.—J. G. Nel (*back*); L. M. Curtiss, G. F. Petty, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, F. G. Ward (*halves*); W. M. Capper, J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, E. M. Darmady (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* COVENTRY.

At Winchmore Hill, on October 24th. Within three minutes of the start G. W. Harriman cut through the centre admirably and easily outstripped our defence, to score a try which Wheatley failed to convert (0—3). Although the fine hooking of R. S. Roberts prevented Bart.'s from obtaining much of the ball, the Hospital gradually worked their way into the visitors' half, Nel in particular putting in some good kicks. The reorganized back division with Kingdon at stand-off and Pirie in the centre was a distinct improvement, and twice the latter made a promising opening for Curtiss, but Boucher tackled the wing very well. However, the Hospital deservedly took the lead when Capper cut out an opening for Harvey, who crossed between the posts after a determined run. Nel converted (5—3). The Hospital should have increased their lead soon afterwards, for good play by Pirie and Lewis all but led to another try between the posts, but the chance was lost. It was Coventry who were the next to score, and all against the run of the play, for a wild throw-back from the line-out by a forward gave Ward no possible chance to gather the ball, and H. D. Hicks dribbled it over the line for a try (5—6). Before half-time Coventry went further ahead, for following a scrum on our line, a Bart.'s player came round the "blind" side of the scrum with the ball, but foolishly allowed A. Wheatley to take it out of his hands and place it over the try line. The same player converted with an excellent kick.

Half time: Bart.'s 5, Coventry 11.

The second half was devoid of outstanding incidents, and in fact neither side ever really looked like adding to their score, though territorially Bart.'s held the advantage, for the visitors only reached our "25" on four occasions after half-time. Ward was not quite up to form, and this naturally affected J. R. Kingdon, but when the latter did get a chance he always ran hard and straight, with the result that the three-quarters were given more space to work in than hitherto. Curtiss ran very hard, and was unlucky not to score at least once, while J. D. Powell was very cool and resourceful in defence, but was given little chance to attack. Nel was superior to Boucher at full-back. The pack played very creditably against their heavy and experienced opponents, and credit must be given to Harvey for the way in which he stuck to his task against Roberts. Some of the forwards would do well to realize that they must rid themselves of the habit of flinging back the ball wildly from the line-out.

A. Gascoigne, the Coventry scrum-half, was in magnificent form, and was the decisive factor of the game. An enjoyable match, which contained some useful lessons for the Hospital team.

Team.—J. G. Nel (*back*); L. M. Curtiss, A. H. Pirie, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, F. G. Ward

(*halves*); W. M. Capper, J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* MOSELEY.

Played at Birmingham in fine weather on October 31st. Bart.'s had J. T. C. Taylor at scrum-half for the first time this season, but owing to the late arrival of a forward, were forced to play one short for the first twenty minutes. This, however, handicapped the Hospital not at all, and before the late-comer's advent we were leading by 6 points. The first try was scored by R. M. Kirkwood after three minutes' play, and the "approach work" was well done by G. D. S. Briggs. The kick failed. Soon afterwards Taylor broke away from the scrum and drew the defence on to himself, parted with the ball at just the right moment, with the result that quick passing gave J. D. Powell the chance to score near the posts. The easy kick was unfortunately missed (6—0). Moseley were rarely dangerous, for though they obtained possession in the scrums quite frequently, they were poorly served at half-back. Far more thrust and initiative was shown by Bart.'s behind the scrum than in any previous game this season, and it was no surprise when quick passing gave Powell another chance to cross the Moseley line for an unconverted try. Byrne, Wilson and Roper were prominent in relieving rushes for Moseley, but their efforts were poorly supported, and half-time came withourt any further score.

Half-time: Bart.'s 9, Moseley 0.

Soon after the restart Pirie ran very well indeed, and drawing his man and timing his pass to a nicety, he gave D. M. E. Thomas the chance to sprint 20 yards for a "model" try. Once more the kick failed (12—0). Moseley rallied and forced play down to our line, where, following a line-out, a rash throw-back left the ball on our line, where a defender most unaccountably failed to touch down, and J. A. Trentham scored for the Midlanders. Wright converted (12—5).

Moseley continued to attack for some time and Bart.'s had some anxious moments, but several good runs by A. H. Pirie, who was playing a most intelligent game, brought relief. J. D. Powell then put in a single-handed attack that fully merits the adjective "dazzling," for he cut in and beat man after man before crossing the Moseley line. However, the referee ordered a five-yards scrum. Undeterred, Powell broke through again shortly afterwards to score a try, which W. M. Capper converted with a good kick (17—5).

Bart.'s seemed unconsciously to ease up a trifle at this juncture and Moseley attacked, their forwards putting in some gallant work, which was rewarded when H. H. Lindop kicked ahead and won the race for the touch-down (17—8). Following this Pirie most unfortunately collided with another Hospital player in attempting a tackle, and had to be carried off with concussion—a most unhappy ending to his very good display. The home team continued to attack, but at last K. J. Harvey and B. S. Lewis put in a long dribble, and when this was checked, Capper started a passing movement which ended in Powell scoring his fourth try of the game.

Final score: Bart.'s, 1 goal 5 tries (20 pts.); Moseley, 1 goal 1 try (8 pts.).

The Bart.'s backs gave by far their best exhibition, the improvement being largely due to the work of Taylor and Kingdon at half-back. Powell can scarcely have played a better game in his whole career, apart from the fact of scoring four tries. The forwards played a sound game, and Capper and Harvey were the outstanding successes.

Like all Moseley-Bart.'s games, it was most enjoyable both on and off the field.

Team.—J. G. Nel (*back*); D. M. E. Thomas, A. H. Pirie, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON WELSH.

Played on Saturday, November 7th.

For the first time this season the ground at Winchmore Hill was on the heavy side, and since the London Welsh, who prior to this game had suffered but one defeat (and that at Bath, by 1 point) were stated to possess a pack of more than average ability, their chances seemed enhanced by the conditions.

Consequently all the more credit is due to the Hospital forwards, who really excelled themselves, and who, without in any way disparaging the good work of our backs, may be said to have been chiefly responsible for our victory.

Bart.'s attacked from the start and kept play in the visitors' half of the field for some time, until, following two unsuccessful attempts by Nel to place penalty goals, A. H. Jones made a long run along the right wing, but just when he looked dangerous, he slipped in side-stepping and was smothered by two defenders. The London Welsh now forced Bart.'s to defend, and Curtiss and Thomas were prominent in defence, the latter tackling W. Lewis when that player looked a likely scorer. Some good work by the forwards with Taylor at their heels drove the London Welsh back, and several good "heels" enabled Taylor and Kingdon to give their three-quarters the ball, but, as in so many of the previous matches, our handling was very shaky, while when Thomas did receive the ball he was far too ready to kick ahead to the opposing full-back. Taylor now brought off a clever "steal-away" from the base of the scrum, and after a good run was tackled just short of the line. At last, five minutes before half-time, D. M. E. Thomas got possession of the ball in mid-field, and on the Welsh "25" he punted over Price's head and raced all the opposition to secure the touch-down. W. M. Capper converted (5—0). A forward dribble all but led to the Hospital going further ahead before the interval.

Half-time: Bart.'s 5, London Welsh 0.

At the commencement of the second half Bart.'s showed excellent form, both forwards and backs combining in excellent short passing movements, in which Capper, Mundy, Briggs, Harvey and Powell were particularly prominent. On three occasions one or other of these players was all but over. The London Welsh were forced to defend desperately, and when they did break away, Nel sent them back with some long and accurate kicks. From now until the end the game degenerated, for the referee was forced frequently to penalize the London Welsh front-row forwards for scrummage infringements during this half. The majority of these were awarded some way from the goal, so that though Capper made some excellent attempts to kick a penalty, it was not until fifteen minutes from the end that he was successful (8—0). During the last few minutes the visitors set up some strong attacks, and on two occasions fine tackles by Nel prevented A. H. Jones and S. L. Jones from scoring. But for a regrettable tendency by one or two (certainly not more) of the visiting forwards during the closing stages to neglect the ball and pay unusually marked attention to our forwards, the London Welsh might well have reduced the lead. The referee, Mr. H. B. Cotter, showed tact and firmness in a difficult game.

Result.—Bart.'s, 2 goals (1 penalty), 8 pts.; London Welsh, 0.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (capt.), J. R. R. Jenkins, G. D. S. Briggs, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward (*forwards*).

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* DOWNING COLLEGE, CAMBRIDGE.

Played at Cambridge on Saturday, November 7th.

In an effort to cure the forward weakness so noticeable in previous games this season Bart.'s made several changes, Shackman taking over the centre-forward position and Gilbert playing in his old place on the right wing. A Hollinrake and W. M. Maidlow made their *débuts* in the wing-half positions.

It was soon apparent that the new forward formation was going to be a success; Bart.'s broke through twice in the first five minutes, and were unlucky not to score through Shackman. Downing were defending practically the whole of the first twenty minutes, and might well have conceded more than the one goal scored by Wheeler. The Hospital attack was far more effective than in any previous game this season, Gilbert and Wheeler making good headway on the right, while Shackman made several openings through harassing the home backs. Dolly was not given a great deal to do at this stage, but later proved very effective. Downing eventually broke away, but did not make any good combined movements, and Johnson was not seriously troubled, owing to the fact that Bart.'s were much quicker on the ball. There was no further score before the interval.

The second half was more or less a repetition of the first, with Bart.'s on top practically the whole time. The Bart.'s right wing was still the more dangerous, but the whole forward line was playing together very well, and was quick to make headway, while the defence was nearly always on top of the opposition. The two newcomers to the side were playing well, Maidlow, in particular, fitting in well on the left. However, in one of the few bursts made by the Downing forwards their inside-right scored a somewhat lucky goal, while soon afterwards Johnson did well to save a dangerous kick towards his own goal by Howell. This occurred nearly half-way through the second half, and during the rest of the game Bart.'s

kept up almost continuous pressure, but all their efforts could not produce another goal. This would point to forward weakness, but, while this was partially the cause of the lack of goals, Bart.'s were definitely unlucky with several of their efforts. The game was played at a very fast pace throughout.

Result: Bart.'s, 1; Downing College, 1.

Team.—D. J. Johnson (*goal*); J. Shields, A. H. Hunt (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, L. McAskie, R. C. Dolly (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* LANCING OLD BOYS.

Played at Winchmore Hill on Saturday, November 14th.

Owing to the unfortunate indisposition of Hunt, who had played so well the previous week, Wenger filled the left-back position for this game. The only other change was at inside-left, where G. H. Brookman was tried in place of McAskie.

Bart.'s won the toss for the first time this season, and were soon attacking vigorously, Dolly and Gilbert both breaking away and putting across dangerous centres. After some ten minutes' continuous pressure Gilbert scored with a good left-foot shot, after beating two men. Lancing made efforts to break through, but with indifferent results; their centre-forward was right through on one occasion, but held on to the ball too long. Bart.'s continued to have most of the game, the home halves keeping the ball in the visitors' half of the field. Gilbert soon scored again with a right-foot shot from a good centre by Dolly. Lancing had slightly more of the game until the interval, but Bart.'s continued the more dangerous near goal, and were leading 2–0 at half-time.

Bart.'s opened the second half in much the same way as they had ended the first. They attacked with vigour, the wing men making good progress when plied with the long ground passes introduced with such success during the previous week. Still, Lancing were gradually getting more of the game, and the Hospital backs were having more work than at any previous time during the game. However, Bart.'s were still definitely on top, and it was therefore unfortunate that the visitors should have scored a lucky goal at this period. Their centre-forward had no difficulty in scoring, following a mis-kick by one of the Hospital defenders. Heartened by this undeserved success the visitors continued to attack, and eventually equalized through their centre-forward. Bart.'s broke away from the kick-off, but Lancing soon resumed the pressure. They were now showing something of the form that was expected of them, and the Bart.'s halves and backs did well to keep the visiting attack at bay. Maidlow was playing a very good game, and had obviously settled down to the Hospital type of football. Although Lancing continued their pressure until the end they did not score again, and Bart.'s occasionally broke away. However, a draw was probably a fair result, though the Hospital had more chances of scoring.

Result: Bart.'s, 2; Lancing Old Boys, 2.

Team.—D. J. Johnson (*goal*); J. Shields, R. A. L. Wenger (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (*forwards*).

Fixture List.—December, 1931.

Dec., 5th.—Corpus Christi College, Cambridge. Away.
,, 12th.—Old Brentwoods. Away.

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* SITTINGBOURNE.

October 24th.

Played on their ground, this match was lost by 4 goals to 2. Bart.'s were unfortunate in being without the services of four of their regular players, and an experimental forward line never really settled down well. The Hospital were the first to score, but Sittingbourne very soon drew level, and at half-time the score was 1 all. Had it not been for two perfect shots of two successive corners given against us, the match would have ended in a draw. Certainly we had quite as much of the game as they. An excellent and enjoyable game played on a really good ground, it was a pity we could not get together better as a team. Heasman played a useful game at inside-left, scoring one of our goals, and Hunt as usual was here, there and everywhere in his energetic way.

Team.—T. Smallhorn (*goal*); D. Gale, K. W. Martin (*backs*); J. H. Hunt (capt.), M. S. Fordham, V. C. Snell (*halves*); J. W. Symonds, L. Heasman, A. D. Iliff, E. Fowler, R. T. Davidson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N. AND R.M., CHATHAM.

Played at Winchmore Hill on Saturday, October 31st. Won, 9–0.

We always look forward to this match with the Navy, for it usually results in a very fast game. And this was no exception, though the ground was a little bit heavy after some rain and consequently slowed things up a little.

With Hindley to strengthen our backs and with a complete forward line we hoped to do better than we had done so far this season. And certainly the result was very encouraging.

It is difficult to pick out any particular member for individual mention, for it was largely due to team work that we won so convincingly. The forwards played very well, every one of the five scoring a goal, the insides sharing the others between them. The backs played a good game, clearing well and hard out to the wings—so hard that at times the opposing forwards seemed somewhat frightened of them. Hodgkinson in goal had nothing to do, and in fact it is uncertain whether he had a hit at the ball at all.

A very good game, despite the score, and, we hope, a foretaste of better ones to come.

Team.—H. L. Hodgkinson (*goal*); K. W. Martin, G. T. Hindley (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); J. Lockett, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

Played on Saturday, November 7th, at Motspur Park. Won, 6–2.

Despite a somewhat heavy ground which had a decided slope on it, this resulted in a fast and interesting game. Bart.'s had to start with only nine men, both full backs having lost their way to the ground. Despite this handicap Heasman was soon able to score, and our opponents seldom reached our circle, though Hodgkinson in goal made one or two good saves.

The addition of our two absentees seemed to have the reverse effect to what we expected. Instead of settling down quickly the team became more shaky, and the Guy's forwards improving, we were one goal down at half-time. Playing downhill in the second half the forwards combined better, Davidson on the right wing in particular being conspicuous in sending across some excellent centres. Bart.'s soon went ahead, Hay-Shunker scoring three times from consecutive corners, and the team had little trouble in keeping their lead, Guy's not being able to score again.

Snell at right half played a good game, feeding his wing well, and when once the two backs had settled down they played a steady, hard game.

Team.—H. L. Hodgkinson (*goal*); G. T. Hindley, K. W. Martin (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); L. Frost, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD CRANLEIGHANS.

Played at Thames Ditton. Lost, 2–1.

A disappointing game, with very little real hockey in it owing to a really bad ground. It was difficult to keep the ball moving at all, mis-hits were frequent, and both teams were fortunate in losing no one from injury. Play was thus very scrappy, and close combination between the forwards was consequently difficult.

Bart.'s began by playing downhill, and soon carried the play into their opponents' goal area, Hay-Shunker scoring after ten minutes, following a good piece of combination between Symonds and Davidson on the right wing. Thereafter play was mainly in midfield, though Roberts, making his first appearance for the 1st XI, was called upon to save several times and made some good clearances. At half-time the score was still 1–0 in our favour, but on the resumption of play the Old Boys pressed harder, several corners being given against us. They finally equalized, and two minutes before the end, following a misunderstanding between our goal and back as to which should clear, they scored their winning goal.

The Bart.'s forwards were unlucky in not scoring many more goals, for they were very often within their opponents' circle. The state of the ground, however, hampered good shooting. Gale played a useful game at back, but should learn to cover off his fellow back better.

Team.—J. L. D. Roberts (*goal*); D. Gale, K. W. Martin (*backs*); J. H. Hunt (capt.), A. D. Iliff, V. C. Snell (*halves*); J. Lockett, L. Heasman, C. L. Hay-Shunker, J. W. Symonds, R. T. Davidson (*forwards*).

GOLF CLUB.

Inter-Hospital Cup Competition.

Final Round.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL.

Played at Sunningdale on November 12th.

St. Bartholomew's Hospital.		*St. Thomas's Hospital.*	
Carr and Cutlack	0	Robinson and Knowles (6—4)	1
Wedd and Wilson, W. (1 up)	1	Harper and Taylor	0
White and Groves	½	Steen and Blair	½
Wilson, J., and Robins	0	Bartley and Light (3—2)	1
Carr (4—3)	1	Robinson	0
Cutlack (3—2)	1	Knowles	0
Wedd	0	Harper (5—3)	1
Groves	0	Taylor (4—3)	1
Wilson, W.	½	Bartley	½
White (3—1)	1	Steen	0
Wilson, J.	0	Blair (7—5)	1
Robins (2—1)	1	Light	0
	6		6

Inter-Hospital Cup Competition.

Replay *v.* ST. THOMAS'S HOSPITAL.

Played at Sunningdale on November 13th.

St. Bartholomew's Hospital.		*St. Thomas's Hospital.*	
Carr and Cutlack	0	Robinson and Knowles (6—4)	1
Wedd and Wilson, W. (2—1)	1	Harper and Taylor	0
White and Groves	0	Bartley and Light (2—1)	1
Wilson., J., and Robins	0	Carlyle Gall and Milligan (4—2)	1
Carr	0	Robinson (6—5)	1
Cutlack	0	Knowles (4—2)	1
Wedd	0	Harper (1 up)	1
Wilson, W.	½	Taylor	½
White (2 up)	1	Bartley	0
Groves (2—1)	1	Light	0
Wilson, J. (4—2)	1	Carlyle Gall	0
Robins	0	Milligan (4—3)	1
	4½		7½

UNITED HOSPITALS SAILING CLUB.

Bart.'s have been distinctly unlucky during the past season, and have lost both the Harvey Gold Cup and the Bourne Trophy by a very narrow margin of points, the positions for the Bourne Trophy being so close that it was the last race of the season which decided where it should reside during the coming year.

In the Inter-Hospital Regatta at the end of September, however, a very decisive victory resulted in the recapturing of the Sherren Cup—presented for an inter-hospital team race—from the London Hospital, W. H. Cartwright and D. R. Crabb easily winning the first and W. F. Richards and R. Radcliffe the second race.

Competition for the various trophies is becoming stronger, London having recently acquired fresh and useful talent, and U.C.H., with the formation of a new club, put up a good show this year and are likely to do even better in the future.

With that in mind it is hoped that any freshmen or others interested in sailing will take the trouble to find out more about the Club's activities, both from the point of view of obtaining excellent sport and of keeping the cups we hope to win next year.

W. H. CARTWRIGHT.

BOXING CLUB.

Training commenced at the beginning of the winter term under the able supervision of Matt Wells. The club is glad that A. T. Blair is able to box again; he has undertaken the captaincy of the team.

This year considerable talent was found among the Freshmen, and it is hoped that they, together with the "old stagers," will give a good account of themselves in the Inter-Hospital's tourney.

The boxing gymnasium is by no means full on training days; anyone who is at all keen on the noble art should not be backward to come forward.

L. D. B. F.,
Hon. Sec.

CRICKET CLUB.

The Annual General Meeting of the Cricket Club was held on October 7th, 1931, with Mr. L. B. Rawling in the Chair. The minutes of the last meeting were read, approved and signed.

The officers for the season 1932 were elected as follows:

President: Mr. L. Bathe Rawling.

Vice-Presidents: Dr. Geoffrey Bourne, Mr. H. E. G. Boyle, Dr. C. M. Hinds-Howell, Dr. Wilfred Shaw.

Captain: J. A. Nunn.

Vice-Captain: W. H. Gabb.

Hon. Secretary: J. B. Bamford.

Committee: W. M. Capper, G. D. Wedd.

Hon. Secretary 2nd XI: C. M. Dransfield.

Hon. Secretary 3rd XI: J. V. Hopkins.

J. B. B.

REVIEWS.

THE CAUSE OF CANCER. By W. E. GYE, M.D., and W. J. PURDY, M.B. (London: Cassell & Co.) 4to. Cloth. Pp. xiv + 515. 30s.

The cause of cancer has been a subject of interest to scientists for centuries, and since the apparent rapid increase in its incidence the lay public have had their interest aroused as well.

Suggested factors for the ætiology have been legion, and there is still considerable faith in "cancer houses" and "cancer land." Percival Pott, in describing soot as a factor in sweep's scrotal epithelioma, was the first to recognize an irritative agent, though this was allowed to lapse for about 150 years until Neve in 1910 demonstrated the relation of the burns due to the Kanagri charcoal basket to the abdominal wall carcinoma of the Kashmiri. Finally complete evidence of the irritative factor in carcinoma was given by Fibiger in 1913. In spite of overwhelming difficulties, each of which he overcame, he was able to show that a nematode worm played a part in the production of gastric carcinoma in rats. This worm has as its two hosts the American cockroach and the rat, and it was only by carefully tracing the life-history of this worm, and then feeding the rats on portions of cockroaches or the larvæ alone, that a carcinoma appeared at the cardiac end in about three months.

The tar experiments of the Japanese schools were no less brilliant, yet in all these cases the auxiliary or irritative factor had to be supplied in a sufficiency to produce an effect.

The history of experimental transmission of cancer is marred at its commencement by a tragedy: Arthur Hanan in 1889 described a skin cancer of the rat which he successfully grafted into other rats. However, his work was ignored or ridiculed for the most part and in despair he committed suicide. However, in later years this was all confirmed and amplified by Moran, Loeb, Jensen and others.

In 1911 an altogether different aspect of the subject was revealed by the work of Peyton Rous. He found a sarcoma growing in a Plymouth rock fowl, which grew easily in transplants. It then occurred to him to try the effect of injecting a cell-free filtrate of the tumour, and to his surprise a tumour similar to the parent one was produced; further, a carefully dried extract of the tumour also was found to be active. Other growths were found which had similar properties but they were all from avian neoplasms. In 1928 Gye and Bernard published a great deal of work investigating these factors of the Rous sarcoma, and their findings were that the Rous sarcoma "virus" consisted of two parts—a specific thermo-labile chemical factor, and a living virus which is a common factor to all this type of growth. These facts caused great excitement at their publication; however, the work was not easily confirmed and has been allowed to lapse, while the cellular ætiology has regained its place of popularity.

In their new work Gye and Purdy first of all review the facts known at present as to the ætiology of malignant disease and state the cellular theory with great fairness. They next review the work on the Rous tumours to date, and finally the rest of the book is given over to their experimental work, described with care and detail. How careful this work must be is all apparent when it is realized that one speck of growth may render thousands of transplants valueless.

Their conclusions are similar to those reached before, though the work has been done in much greater detail now. They hold that the cell-free filtrate consists of two factors, which must react together to produce a tumour: one is a specific chemical factor which orders the type of tumour; the second is the virus, which is non-specific, and will activate any form of tumour.

To explain the fact that these experiments cannot be repeated in mammalian cancers they argue thus: "May it not be that there is some peculiarity in the mammalian tumour and that present methods of extraction are inadequate? . . . Non-filtrable strains of the Rous sarcoma appear, and long periods may elapse before they again revert to the normal filtrable type; present methods are incapable of separating the agent during the interval."

The work is pleasingly written and distinctly stimulating. The diagrams are excellent, though it is a pity no index, no matter how paltry, is supplied. Altogether it is a book to read and think about for those who care to try the links that it has formed and forge the chain further.

AIDS TO PHYSIOLOGY. By H. DRYERRE, Ph.D., M.R.C.S., L.R.C.P. (London: Baillière, Tindall & Cox, 1931.) Pp. 255. With diagrams. Price 3*s*. 6*d*.

This little book is a further addition to the numerous short cuts available to students preparing for the 2nd M.B. and Conjoint Board examinations. As the author points out in his preface, the arrangement of the subject-matter is on familiar lines, and the main aim has been to furnish the student with an intelligent grasp of physiology as a whole. A serious omission is the regulation of the reaction of the blood, and the old idea of the formation of secretin should be replaced by the recent views of Mellanby. The diagrams are clear, and the text is remarkably free from serious errors.

GROUNDWORK OF BIOPHYSICS. By G. M. WISHART, B.Sc., M.D. (London: G. Bell & Sons, Ltd., 1931.) Pp. 344. With diagrams. Price 12*s*. 6*d*. net.

Students of modern physiology very frequently find it difficult to understand the physico-chemical theories underlying certain natural processes. Few text-books are available which tackle the problem adequately, and therefore the publication of this book should be welcomed both by teacher and student alike. It is doubtful whether Chapter I, which deals with the structure of matter, is necessary, since its direct applications are remote. The chapters on blood, muscle and kidney are very well presented, and that on light and vision clears up many points which remain obscure in the ordinary text-books. The book is excellently printed and the diagrams are good. The author is to be congratulated on his clear and concise exposition of the subject.

THE MASTERY OF SEX THROUGH PSYCHOLOGY AND RELIGION. By LESLIE D. WEATHERHEAD, M.A., assisted by Dr. MARION GREAVES. With Forewords by the Rev. A. HERBERT GRAY, D.D., and J. R. REES, M.D., and an epilogue by Principal W. F. LOFTHOUSE. (London: Student Christian Movement Press, 1931.) Pp. 253. Price 5*s*. net.

> "All men that live have but a little while to live, and none knows his fate thereafter. So that a man possesses nothing certainly save a brief loan of his own body; and yet the body of man is capable of much curious pleasure."

There is no room in the over-burdened medical curriculum for matters of sex, normal or abnormal. It is neither surprising nor amusing to find a young practitioner perplexed by the very problems which perplex his patients. If his own attitude towards the eternal question of sex be nebulous and timid, he will appreciate this remarkable book, primarily intended for the lay reader. Everyone will enjoy its tone of sympathy and authority, and only few will be deterred by its religious undercurrent. It is well printed, its price is moderate, and every page reflects Sir Thomas Browne's advice, "Let us speak naturally, and like philosophers."

FIRST YEAR NURSING MANUAL. By M. S. RIDDELL, A.R.R.C., S.R.N., Matron, St. Mary's Hospital, Hampton. (London: Faber & Faber [The Scientific Press], 1931.) Pp. 144. Price 3*s*. 6*d*. net.

Nursing manuals are as numerous as the difficulties which the probationer encounters in her work: the sensation of being pathetically lost in a completely new world; the realization of the depth of her ignorance and the Himalayan height of knowledge which she is piously expected to scale; the mysteries of etiquette, which become less and less ridiculous as she grows older and wiser.

The little book for review makes a nice impression, and will be found of practical value. The material is well selected and simply presented, and the illustrations are clear and helpful. The statement at the foot of p. 84, "the urine may be very pale when the specific gravity is low, as in diabetes," is misleading and, unless modified by the insertion of "insipidus," erroneous.

THOMSON AND MILES'S MANUAL OF SURGERY. By ALEXANDER MILES, M.D., LL.D., F.R.C.S.(Ed.), and D. P. D. WILKIE, M.D., F.R.C.S.(Ed.&Eng.). Eighth edition. (London: Humphrey Milford, 1931.) Volume II: Pp. xvi + 685; with 303 illustrations. Volume III: Pp. xii + 578, with 177 illustrations. Price 12*s*. 6*d*. each volume.

Since the first appearance of this well-known text-book in 1904, its reputation has steadily grown, not only in Edinburgh, but in the London and provincial schools, so that to-day it is second to none. The present edition is not appreciably different in its arrangement from those previous, but the chapters have been revised, and in some cases rewritten. There are also several new illustrations added.

The addition of Prof. Wilkie's name to these volumes is a proof of its high standard, and is of special interest to us at this Hospital, since the memory of his work amongst us remains fresh. This valuable manual needs no further recommendation.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. *Anorexia Nervosa.* (Individual Psychology Publications: C. W. Daniel & Co.)

——— "On Purpura and Urticaria." *Clinical Journal*, November 4th, 1931.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "Bronchial Asthma." *Lancet*, November 14th, 1931.

CASTLEDEN, L. I. M., M.D. "Charcot's Disease in Joints not Commonly Affected." *Lancet*, November 7th, 1931.

COCHRANE, R.G., M.D., M.R.C.P., D.T.M.&H. "Leprosy in Kenya, Zanzibar, and Tanganyika." *Leprosy Review*, October, 1931.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "Ergot and Ergotism." *Cambridge University Medical Society Magazine*, Easter Term, 1931.

DE CAUX, F. P., M.R.C.S., L.R.C.P. "A System of Anæsthesia for the Dental Anæsthetist." *British Journal of Anæsthesia*, October, 1931.

FISHER, A. G. TIMBRELL, *M.C.*, M.B., B.Ch., F.R.C.S. "Principles of the Orthopædic Treatment of Chronic (Non-Tuberculous) Arthritis." *Practitioner*, November, 1931.

HALDIN-DAVIS, H., M.D., F.R.C.P. "Onychia as an Occupational Disease." *British Medical Journal*, November 7th, 1931.

HALL, ARTHUR, J., M.A., M.D., D.Sc.(Hon.), F.R.C.P. "The Schorstein Memorial Lecture on Chronic Epidemic Encephalitis, with Special Reference to the Ocular Attacks." *British Medical Journal*, November 7th, 1931.

HARMER, W. DOUGLAS, M.A., M.B., M.C., F.R.C.S. "Radiotherapy in Cancer of the Upper Air Passages." *Lancet*, November 14th 1931.

HERNAMAN-JOHNSON, F., M.D.(Aberd.), D.M.R.E.(Camb.) "The Value of X-Rays in Chronic Arthritis and Exophthalmic Goitre." *Practitioner*, November, 1931.

HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Treatment of Septicæmia." *British Medical Journal*, October 3rd, 1931.

HOWELL, C. M. HINDS, M.D., F.R.C.P. "Sciatic Neuritis." *Clinical Journal*, October 28th, 1931.

JONES, W. HOWARD, M.B., B.S. "Sub-Arachnoid Block; General Analgesia; 'Spinal' Anæsthesia; Respiratory Paralysis; Fallacies and Methods." *British Journal of Anæsthesia*, October, 1931.

LEVICK, G. MURRAY, M.R.C.S., L.R.C.P. "The Organization of Treatment for Infantile Paralysis." *British Medical Journal*, October 10th, 1931.

LINDER, GEOFFREY C., M.D., M.R.C.P. (and VADAS, D. G. M., M.B.). "Calcium and Phosphorus Metabolism in Late Rickets." *Lancet*, November 21st, 1931.

NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. "Preventive Medicine for the Medical Student." *Lancet*, November 21st, 1931.

THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S.(Edin.). "The Albuminuria of Pregnancy." *Lancet*, October 31st, 1931.

THOMAS, C. HAMBLEN, F.R.C.S. "The Relationship of Affections of the Throat, Nose and Ear to Rheumatic Disease." *Practitioner*, November, 1931.

WEBER, F. PARKES, M.A., M.D., F.R.C.P. "A Glycosuric Family without Hyperglycæmia: So-Called Renal Diabetes." *Lancet*, July 11th, 1931.

——— "A Hæmolytic Jaundice Family." *Vol. III, 41st Series, International Clinics*, 1931.

WHARRY, H. MORTIMER, F.R.C.S. "The Prophylaxis of Tuberculosis of the Larynx." *British Medical Journal*, July 18th, 1931.

WOOD, W. BURTON, M.A., M.D., M.R.C.P. (and GLOYNE, S. ROODHOUSE, M.D., D.P.H.). "Pulmonary Asbestosis Complicated by Pulmonary Tuberculosis." *Lancet*, October 31st, 1931.

EXAMINATIONS, ETC.

University of Oxford.

The following Degree has been conferred:
B.M.—Marshall, R. M.

University of Cambridge.

The following Degrees have been conferred:
M.B., B.Chir.—McGavin, D. B., Roberton, H. E. W.
M.B.—Wilkin, W. J., Winterton, F. G.
B.Chir.—Stamp, T. C.

Royal College of Physicians.

The following have been admitted *Members:*
Bomford, T. L., Evans, C. N., Farid, M. G., Gordon, I., Hutchinson, H. P., Oakley, W. G., Richards, F. A., Selbourne, H. A. H.

Royal Colleges of Physicians and Surgeons.

The following Diploma has been conferred:
D.P.H.—Macdougall, J. R.

Conjoint Examination Board.

Pre-Medical Examination, October, 1931.

Chemistry.—Gomez, A., Rosten, B. M. D., Webster, A. R., Witt, R. C.

Physics.—Gomez, A., Mills, P. J. W., Rosten, B. M. D., Webster, A. R.

Biology.—Gomez, A.

First Professional Examination, October, 1931.

Anatomy.—Furber, S. E., Godfrey, T. N. H., McAskie, L.

Physiology.—Barbour, A. B., Furber, S. E., Godfrey, T. N. H., Merriman, B. M., Ringdahl, K. E. O.

Materia Medica and Pharmacology.—Bentley, J. G., Fernandes, H. P., Fletcher, C., Ford, A. R., Fulton, I. N., Furber, L. B., Harvey, K. J., Jenkins, J. R. R., John, C. W., Morris, D. S., Oxley, W. M., Swain, V. A. J., Young, A. R. C.

Final Examination, October, 1931.

The following have completed the Examinations for the Diplomas of *M.R.C.S., L.R.C.P.*, and have had the Diplomas conferred on them:

Bell, C. M., Burrows, T. E., Farooq, M., Hiscock, L. A., Langford, A. W., Langston, H. H., Masina, M. H., Partridge, G. T., Richards, W. F., Rosenfeld, P., Rowe, J. T., Spaight, P. Q. M., Taylor, J. T. C., Thomas, G. W., Williams, R. N. H., Williams, T. P.

L.M.S.S.A.

The Diploma of the Society has been granted to: Hind, H. G.

CHANGES OF ADDRESS.

BACH, F. J., 65, Portland Place, W. 1. (Tel. Welbeck 3720.)
BOLTON, R., Westcroft, Dartford, Kent.
CAPENER, N. L., Princess Elizabeth Orthopædic Hospital, Buckerell Bore, Exeter.
CHILTON, N., Arvon, Boyn Hill Avenue, Maidenhead, Berks.
FLOWER, A. F., 49, Augustus Road, S.W. 19.

APPOINTMENT.

NICOL, W. D., M.B., B.S., D.P.M.(Lond.), appointed Medical Superintendent, (L.C.C.) Horton Mental Hospital, Epsom.

BIRTHS.

COLDREY.—On November 18th, 1931, at "Penvean," Camborne, Cornwall, to Violet, wife of Dr. R. S. Coldrey—a son.

GILDING.—On November 17th, 1931, at 97, Oakwood Road, N.W. 11, to Violet, wife of Dr. H. P. Gilding—a daughter.

MAITLAND.—On November 8th, 1931, to Joyce (Knight), wife of Charles Titterton Maitland, M.D., 11, Beechcroft Avenue, N.W. 11—a son.

PEARSON.—On November 9th, 1931, at a nursing home, Reigate, to Dr. and Mrs. H. W. Pearson, Reigate—a son.

STANLEY.—On October 23rd, 1931, at 51, rue des Belles Feuilles, Paris, to Frances Trenor, wife of E. Gerald Stanley, M.S.—a son (Trenor Peter Godfroy).

WHITEHURST.—On October 20th, 1931, at 27, Welbeck Street, W. 1, to Jessie (*née* Macdonald), wife of Dr. Neville Whitehurst—a daughter.

MARRIAGE.

SEDDON—LYTLE.—On October 31st, 1931, at the bride's home, by the Rev. H. J. Bryce, Herbert John Seddon, F.R.C.S., son of Mr. and Mrs. John Seddon, of Sutton, Surrey, to Mary Lorene, only daughter of Mr. and Mrs. Charles E. Lytle, of Marquette, Michigan, U.S.A.

DEATHS.

ALDRED.—On November 7th, 1931, Wilfrid Ashwell Aldred, M.R.C.S., L.R.C.P., of The Grange, Wroxham, Norfolk, aged 51.

DARKE.—On November 8th, 1931, at British Military Hospital, Nasirabad, Rajputana, India, Lieut. Eric G. C. Darke, R.A.M.C., eldest son of G. J. Darke, of 49, Mount Pleasant Lane, Upper Clapton, aged 26.

DOVE.—On October 26th, 1931, suddenly, of heart failure, Percy William Dove, O.B.E.(Mil.), M.B.(Lond.), of Eastfield, Croydon, aged 68.

NUTHALL.—On November 20th, 1931, very suddenly, Alex. Wathen Nuthall, F.R.C.S., of Calthorpe Cottage, Edgbaston, Birmingham, aged 58.

ROBINSON.—On November 6th, 1931, at Burnham Overy, Norfolk, Thomas Robinson, M.R.C.S., L.R.C.P., D.P.H., of Scraptoft Vicarage, Leicestershire, formerly County Medical Officer for Leicestershire.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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